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2023 AUG 04 AMH:OK

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

MICHAEL CRANE

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

PARKER, IS BEING SUED IN HIS FULL CAPACITY  
AND INDIVIDUAL AS A Doctor; (2) Lt. John Doe, is being

sued in his full capacity and Individually as a Lt.  
(3) Nixon, Is being sued in his full capacity and

Individually as a Captain,

Et All, Defendant's

L

**AMENDED  
COMPLAINT**

under the Civil Rights Act,  
42 U.S.C. § 1983

Jury Trial:  Yes  No  
(check one)

23 Civ. 1413 (LTS)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's	Name <u>MICHAEL CRANE</u>
	ID# <u>15-B-1483</u>
	Current Institution <u>Sing Sing Correctional Facility</u>
	Address <u>354 Hunter Street, Ossining, New York 10562</u>

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1	Name <u>PARKER</u>	Shield # <u>Dr.</u>
	Where Currently Employed <u>At Sing Sing Correctional Facility</u>	
	Address <u>354 Hunter Street Ossining, New York 10562</u>	

Defendant No. 2

Name John Doe, is A lt. At Sing Sing Shield # \_\_\_\_\_  
 Where Currently Employed Sing Sing Corr Facility  
 Address 354 Hunter Street  
Ossining, New York 10562

Defendant No. 3

Name John Doe (#3) Shield # \_\_\_\_\_  
 Where Currently Employed a Captain at Sing Sing Corr. Facility  
 Address 354 Hunter Street.  
Ossining, New York 10562

**Who did what?**

Defendant No. 4

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

At Sing Sing Correctional Facility

B. Where in the institution did the events giving rise to your claim(s) occur?

Sing Sing Correctional Facility, Medical Department

C. What date and approximate time did the events giving rise to your claim(s) occur?

\_\_\_\_\_

D. Facts: Michael Crane suffer from the following illness (1) Type II Diabetes; (2) High Blood Pressure/Hypertension; (3) Heart Disease - 2011 first Heart Attack, October 2022 most recent heart attack, and nowadays get chest pains; (4) Chronic migraines, Dr. Parker (John Doe-(1) Defendant, stopped

**What happened to you?**

made 3 years ago and I still haven't seen a neurologist.

(5) MRI showed plaintiff needed a total replacement of his right shoulder in April/May 2022, approximately four (4) months after, Dr. Parker denied the shoulder replacement. The reason why I needed a shoulder replacement. Shoulder is causing me pain and sometimes I feel no sensation for hours.

The conditions of plaintiff shoulder has worsen, he now has a knot on the top of his shoulder, and notice that it was getting worse after 6-8 months

after waiting on the surgery for a year. Dr. John Doe (1) (Parker) was allegedly pretending to be typing it into his computer [for me to see a specialists, but nothing ever happen. As a proximate result, On 10-20 ] 22

in the medical department, plaintiff, wanted to know why parker kept delaying his prescription, which turned into plaintiff saying, I'll sue you. The very next day [ 10-21 ] 22 received a Misbehavior report

alleging that I made threats, inter alia. Lt. John Doe (Defendant #2) held the hearing. The hearing was one-sided, I was never provided an assistant, nor was I allowed to present witnesses, nor allowed to present documents to

dispute the allegation in the misbehavior report. I was found guilty of all charges and loss of packages, commissary; home phone calls.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Defendant (1) John Doe (Dr. Parker) has not ordered a Refill of Plaintiff ~~took~~ Medication plaintiff in pain, leaving plaintiff to suffer in pain from Chronic migraines and chest pain-

See one page attach sheet herewith

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  No \_\_\_\_\_

ATTACHMENT

F A C T S

CONTINUED HERE:

2. Defendant John Doe, Lt.

On/or about 10-22-22 two days after, saying to defendant John Doe #1 (Dr. Parker) that I was going to sue him, I received a misbehavior report, a tier two, an officer came by with the ticket and this were the first time I became aware (knowledge of it).

At the hearing two day after receiving the tier two, conducted by Lt. John Doe #2. a one sided conversation were being held between Defendant #1 John Doe (Dr. Parker, and I was not afforded the opportunity to call witnesses, nor present documents such as my grievances filed against Defendant #1 (Dr. Parker).

I was found guilty of all three charges, and as punishment, Loss of food packages; No commissary; No recreation; and no home phone calls for a period of two weeks.

APPEAL TO SUPERINTENDENT

On behalf of the Superintendent: Defendant #3 John Doe, Captain (Nixon) without a reason affirm the tier two decision.

APPEAL TO ALBANY:

The plaintiff appeal to Albany the tier two decision in a timely manner, and as of this date and time has not heard anything from Albany.

INJURIES CAUSE AS A RESULT

Plaintiff continues to have chronic migraines; chest pains, pain in his shoulder, which now has a knot and Defendant, John Doe #1 (Dr. Parker) has not submitted an ordered to have plaintiff to receive his medications for the above illness....

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

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B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

If YES, which claim(s)?

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D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No \_\_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Grievance Form into the Grievance Mail Box

1. Which claim(s) in this complaint did you grieve?

Not receiving my medication, and to have Dr. Parker replace -

2. What was the result, if any?

That Dr. Parker would not be replace and to fill out sick call to have meds renewed.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

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2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Granting plaintiff Crane compensatory damages in an amount of \$50,000 against each defendant jointly and severally.

Plaintiff Crane seek punitive damages in the amount of \$75,000 against each defendant, jointly and severally. Plaintiff, also seek recovery of cost in this suit, and any additional relief this court deem just proper and equitable

On  
these  
claims

**VI. Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_  
Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes  No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff None  
Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes        No ✓  
If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 31 day of July, 20 23

Signature of Plaintiff

Michael Cane

Inmate Number

152-B-1683

Institution Address

Sing Sing Corrections  
354 Hunter Street  
Ossining New York

10562 10562

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 31 day of July, 20 23 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Michael Cane

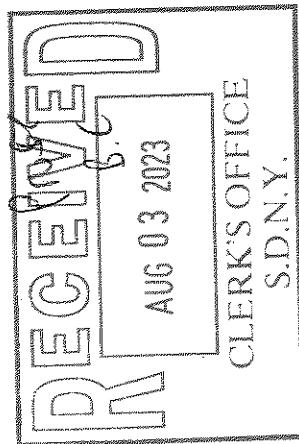


After 5 Days, Return To:  
354 Hunter Street,  
Ossining, New York 10562-54  
Michael A. Cira

After 5 Days, Return To:  
354 Hunter Street  
Ossining, New York 10562-5

After 5 Days, Return To:  
354 Hunter Street  
Ossining, New York 10562-5442

After 5 Days, Return  
354 Hunter Street  
Ossining, New York 10562  
*Michael A.*  
J.S.B-1683



United States Court of Appeals  
Southern District of New York  
U.S. Court House - 500 West Street  
New York, N.Y. 10007  
Solicitor General  
Complaint Filing  
041W1470503  
ZP 0582

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